

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05652

1. Entity Name

HELPMEET, INC.

Principal Place of Business

3290 CYPRESS GARDEN ROAD
WINTER HAVEN FL 33884

Mailing Address

3290 CYPRESS GARDEN ROAD
WINTER HAVEN FL 33884-2425

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90074 009 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3264843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACK, REV. C.J.
3290 CYPRESS GARDENS ROAD
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MACK, C.J.
STREET ADDRESS 3290 CYPRESS GARDENS RD.
CITY-ST-ZIP WINTER HAVEN FL

TITLE TD ☐ Delete
NAME ALONSO, MARLENE M.
STREET ADDRESS 15283 TANGELO BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE VDP ☐ Delete
NAME ANZOUINO, TIM
STREET ADDRESS 944 REYNOLDS RD
CITY-ST-ZIP LAKELAND FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RESIGNED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.2000

863.324.4225

Date

Daytime Phone #

CR2E037 (9/99)